



ESCSP
PO BOX 50
FORT WASHAKIE, WY 82514

Direct Deposit
Authorization Agreement

I hereby authorize the Eastern Shoshone Child Support Program (ESCSP) to initiate automatic deposits to my account at the financial institution named below. I also authorize ESCSP to send credit entries (and appropriate debit and/or adjustment entries as necessary to correct errors), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law.

Further, I agree not to hold ESCSP responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ESCSP receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the ESCSP and they have a reasonable opportunity to act on it.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Name (Printed): _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the ESCSP